

Iowa Department of Human Services

Terry E. Branstad Governor

Kim Reynolds Lt. Governor Charles M. Palmer Director

February 16, 2015

Diane Steinberg 205 E Park St Forest City, IA 50436

Dear Child Care Provider,

This letter is in regards to the 2-13-15 compliance check of your Level B, Registered Child Development Home. Iowa Code Chapter 237A and 441 Iowa Administrative Code, Chapter 110, describes specific requirements that must be met by a Registered Child Development Home. The following areas were out of compliance at the time of my visit:

110.4 No more children are in care than the rules for the specific category will allow. (10 children present, 2 more arrived, but this worker informed family the children could not stay.)
110.5(1) Conditions in the home are safe, sanitary, and free of hazards. (Overcapacity)
☐110.5(1)a Numbers for police, fire, ambulance, poison information posted by phone. <i>(add poison number)</i>
110.5(1)e All accessible electrical outlets are safely capped. (dining room)
110.5(1)j Emergency and disaster plans for fire and tornado are written and posted by primary and secondary exits. (need at 2 nd exit)
110.5(1)k Fire and tornado drills are practiced monthly and documentation kept. (must document)
☐110.5(1)n Has a minimum of one single-station, battery-operated, UL-approved smoke detector in each child-occupied room and at the top of every stairway. (need in two bedrooms and back living room)
110.5(1)n Each smoke detector has been installed according to manufacturer's recommendations.
110.5(1)n Each smoke detector is tested monthly, and a record is kept for inspection purposes. (must test and document monthly)



☐110.5(1)p Children under the age of one year are placed on their backs for sleeping unless otherwise authorized in writing by a physician. (Discontinue use of rock and sleeper for sleeping of infant. Infants need to be flat on back for sleep. This was also identified as a tipping hazard when another child attempted to climb.)
110.5(1)r Wading pools are drained daily and are inaccessible to children when not in use. (Don't fill until use then dump directly after use.)
110.5(1)u The provider has written policies about caring for mildly ill children and the exclusion of children due to illness, and informs parents of policies. (need policy on file.)
110.5(1)v The provider has written policies about responding to health-related emergencies.
☐110.5(2)a A physician's signed statement of health and immunization status on the provider and all members of the household who may be present when children are in the home. Statements must be obtained at the time of initial registration and updated every three years. (Galyn needs updated, Diane needs on file.)
110.5(2)d Certification in infant and child first aid that includes mouth-to-mouth resuscitation. If they are unable to locate first aid training that includes mouth-to-mouth resuscitation, they must complete both a first aid course and CPR. (expired)
110.5(6)a Corporal punishment including spanking, shaking and slapping is not used. (Discontinue use of slapping hand, work with CCRR to identify alternative discipline.)
110.5(6)e Discipline is designed to help the child develop self-control, self-esteem, and respect for the rights of others. (Discontinue use of physical discipline.)
110.5(8) Children's Files
110.5(8) An individual file is maintained for each child and updated annually or when there are changes. Each file contains: <i>(missing 7 files)</i>
☐110.5(8)a Identifying information including, at a minimum, the child's name, birth date, parent's name, address, telephone number, special needs of the child and the parent's work address and telephone number.
☐110.5(8)b Emergency information including where the parent can be reached, the name, street address, city and telephone of the child's regular doctor, and the name number, telephone number, and relationship to the child of another adult available in case of emergency.

Page 3 110.5(8)c A signed medical consent from the parent authorizing emergency treatment. 110.5(8)d For infants and preschoolers: An admission physical examination, on the first day of attendance, including past health history, status of present health, allergies and restrictive conditions, and recommendations for continued care when necessary. The date of the exam is not more than 12 months before the child's first day of attendance. 110.5(8)d For school-aged children: On the first day of attendance, a statement of health status signed by the parent or legal guardian. 110.5(8)e For infants and preschoolers: A statement of health signed by a physician submitted annually. 110.5(8)e For school aged children: An annual statement of health condition signed by the parent or legal quardian, annually from date of admission physical. 110.5(8)f A list signed by the parent which names persons authorized to pick up the child, their telephone number, and relationship to the child. 1110.5(8) A signed and dated immunization certificate provided by the state department of public health. 110.5(8)h For each school-age child, record of a physical exam completed at the time of school enrollment or since. 110.5(8)i Written permission from the parent(s) for their child to attend activities away from the child development home. It must include times of arrival and departure, destination, and person(s) responsible for the child. | |110.5(10)e The provider maintains a written record of the number of hours substitute care is provided, including the date and the name of the substitute. (keep record of hours)

110.9(1)a Not more than six preschool children present at any one time including

1110.9(1)d Not more than two children who are receiving care on a part-time basis

110.9(1)f When more than 8 children are present for more than two hours, a DHS-approved assistant at least 14 years old is present. (10 kids present, over numbers)

infants. (Ten kids present, work with CCRR regarding over numbers)

at any one time. (10 kids present)

Page 4

Non-compliance with any of the mandated regulatory requirements listed above may lead to the cancellation or revocation of your Child Development Home Registration.

Please take whatever steps are necessary to completely address each of the violations noted above. It is essential you correct all above-mentioned violations within the next 45 days.

IT IS IMPORTANT YOU CEASE OPERATION OVER CAPACITY. FAILURE TO STAY WITHIN CAPACITY AS SET FORTH BY LAW COULD RESULT IN NEGATIVE ACTION AGAINST YOUR REGISTRATION.

ACTION AGAINST YOUR REGISTRATION.
Based on the items out of compliance listed above, you will be required to have a recheck or follow up visit to your home. This visit will occur after the 45 day time period has elapsed.
Please do not hesitate to contact me at DHS at 641-421-1219 if you have any questions regarding this letter.
Sincerely,
Amanda Nash Social Worker II

Always Remember:

Child Care Resource and Referral is an excellent resource for providers to access training options and support in your area. You can reach Child Care Resource and Referral at 641-903-9972.

As you plan your future trainings to meet your 24 hours of training requirement, please remember that you need to use only DHS approved training and only 12 hours can be by self-study. You can access the approved training by going to http://dhs.iowa.gov/sites/default/files/CC Professional Development.pdf and you can sign up for training at http://ccmis.dhs.state.ia.us/trainingregistry/

All providers need to maintain compliance with rules set out in Iowa Administrative Code, Chapter 110, which includes: 441 IAC 110.5(1): Check with the appropriate authorities to determine how the following local, state, or federal laws apply to you: • Zoning code • Building code • Fire code • Business license • State and federal income tax • Unemployment insurance • Worker's Compensation • Minimum wage and hour requirements • OSHA • Americans with Disabilities Act (ADA).